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06/03/2002 18:11 FAX 805 541 2868		SS&B	001												
<p style="font-size: small;">Please type a plus sign (+) inside this box → +</p> <p style="text-align: right; font-size: x-small;">PTO/SB/21 (03-00) Approved for use through 12/31/2002. OMB 1051-0021 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>															
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/751,809</td></tr> <tr><td>Filing Date</td><td>Dec 28, 2000</td></tr> <tr><td>First Named Inventor</td><td>Taylor, Marc</td></tr> <tr><td>Group Art Unit</td><td>3632</td></tr> <tr><td>Examiner Name</td><td>Holly Sy</td></tr> <tr><td>Attorney Docket Number</td><td>3066.001</td></tr> </table>		Application Number	09/751,809	Filing Date	Dec 28, 2000	First Named Inventor	Taylor, Marc	Group Art Unit	3632	Examiner Name	Holly Sy	Attorney Docket Number	3066.001
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Group Art Unit	3632														
Examiner Name	Holly Sy														
Attorney Docket Number	3066.001														
Total Number of Pages in This Submission 15															
ENCLOSURES (check all that apply)															
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>													
<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):															
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT															
Firm or Individual name	SINSHEIMER, SCHIEBELHUT & BAGGETT, by Thomas F. Lebens														
Signature															
Date	June 3, 2002														
CERTIFICATE OF TRANSMISSION															
I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office via 703-672-8326 on this date: June 3, 2002															
Type or printed name	Thomas F. Lebens														
Signature															
Date	June 3, 2002														
Section 404 Statement: This form is intended to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.															

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TX/RX NO	6186
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TX/RX NO 2831
 CONNECTION TEL 17038729326
 CONNECTION ID
 ST. TIME 06/03 18:11
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/751,609
		Filing Date	Dec 28, 2000
		First Named Inventor	Traylor, Marc
		Group Art Unit	3632
		Examiner Name	Holly Sy
Total Number of Pages in This Submission	15	Attorney Docket Number	3066.001

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	SINSHEIMER, SCHIEBELHUT & BAGGETT, by Thomas F. Lebens
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PTO/SB/21 (08-00)

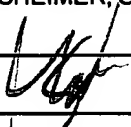
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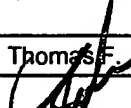
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>	Application Number	09/751,609	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	SINSHEIMER, SCHIEBELHUT & BAGGETT, by Thomas F. Lebens
Signature	
Date	June 3, 2002

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office via 703-872-9326 on this date: June 3, 2002			
Type or printed name	Thomas F. Lebens		
Signature		Date	June 3, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 502

Complete if Known

Application Number 09/751,609

Filing Date 12/28/2000

First Named Inventor T aylor

Examiner Name Holly Sy

Group Art Unit 3632

Attorney Docket No. 3066.001

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number
Deposit Account Name

501616

SINSHEIMER, SCHIEBELHUT & BAGGETT

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application EXCEPT ISSUE FEE.

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	201	740	370	Utility filing fee	
106	206	330	165	Design filing fee	
107	207	510	255	Plant filing fee	
108	208	740	370	Reissue filing fee	
114	214	160	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20**=	X	
4	-3**=	1	42
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
103	203	18	9	Claims in excess of 20
102	202	84	42	Independent claims in excess of 3
104	204	280	140	Multiple dependent claim, if not paid
109	209	84	42	**Reissue independent claims over original patent
110	210	18	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 42

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
105	205	130	65	Surcharge - late filing fee or oath	
127	227	50	25	Surcharge - late provisional filing fee or cover sheet	
139	239	130	130	Non-English specification	
147	247	2,520	2,520	For filing a request for ex parte reexamination	
112	212	920*	920*	Requesting publication of SIR prior to Examiner action	
113	213	1,840*	1,840*	Requesting publication of SIR after Examiner action	
115	215	110	55	Extension for reply within first month	
116	216	400	200	Extension for reply within second month	
117	217	920	460	Extension for reply within third month	460
118	218	1,440	720	Extension for reply within fourth month	
128	228	1,960	980	Extension for reply within fifth month	
119	219	320	160	Notice of Appeal	
120	220	320	160	Filing a brief in support of an appeal	
121	221	280	140	Request for oral hearing	
138	238	1,510	1,510	Petition to institute a public use proceeding	
140	240	110	55	Petition to revive - unavoidable	
141	241	1,280	640	Petition to revive - unintentional	
142	242	1,280	640	Utility issue fee (or reissue)	
143	243	460	230	Design issue fee	
144	244	620	310	Plant issue fee	
122	222	130	130	Petitions to the Commissioner	
123	223	50	50	Processing fee under 37 CFR 1.17(q)	
126	226	180	180	Submission of Information Disclosure Stmt	
581	2581	40	40	Recording each patent assignment per property (times number of properties)	
146	246	740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	249	740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	279	740	370	Request for Continued Examination (RCE)	
169	269	900	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 460

SUBMITTED BY

Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone
Thomas J. Hebens	38221	(805) 781-2865
Signature	Date	
	June 3, 2001	

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